

Payroll Direct Deposit Application

SECTION A – TO BE COMPLETED BY EMPLOYEE – PLEASE TYPE OR PRINT USING BALL POINT PEN									
1. TYPE OF ACTION:									
<div style="display: flex; justify-content: space-around;"><input type="checkbox"/> NEW<input type="checkbox"/> CHANGE<input type="checkbox"/> CANCEL</div>									
2. NAME									
LAST			FIRST				MI		
3. SOCIAL SECURITY NUMBER:									
<div style="display: flex; justify-content: space-around;"><div><input type="text"/><input type="text"/><input type="text"/></div><div><input type="text"/><input type="text"/></div><div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div></div>									
SECTION B – TO BE COMPLETED BY EMPLOYEE IF NEW OR CHANGE BOX IN SECTION A IS CHECKED (A VOIDED CHECK MUST BE ATTACHED)									
1. ROUTING NUMBER									
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
2. BANK ACCOUNT NUMBER									
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
3. FINANCIAL INSTITUTION NAME									
4. TELEPHONE NUMBER									
<div style="display: flex; justify-content: space-between;"><div>()</div><div>-</div></div>									
5. BRANCH NUMBER OR NAME (IF APPLICABLE)									
6. FINANCIAL INSTITUTION ADDRESS									
CITY									
STATE									
ZIP									
STAPLE									
CHECK									
HERE									
SECTION C – TO BE COMPLETED BY EMPLOYEE									
1. CHECK APPROPRIATE BOX									
<div><input type="checkbox"/> I hereby authorize Marvin L. Wilson, CPA to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.</div> <div>I understand that Marvin L. Wilson, CPA may terminate my enrollment in the program if the firm is legally obligated to withhold part of my wages for any reason.</div> <div>I understand that the Division of Mental Retardation and Development Disabilities Regional Office may terminate my enrollment if I no longer meet the eligibility requirements.</div> <div><input type="checkbox"/> I hereby cancel my Direct Deposit authorization.</div>									
SIGNATURE OF EMPLOYEE									
DATE									
SECTION D – TO BE COMPLETED BY REGIONAL CENTER									
1. REGIONAL OFFICE									
2. REGIONAL OFFICE APPROVAL									
I hereby certify that I am duly appointed officer of the herein named agency and that, being so authorized, do certify that this employee is eligible for payroll direct deposit.									
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE									
DATE									
DATE RECEIVED IN OFFICE (MONTH, DAY, YEAR)									
AGENCY TELEPHONE NO.									